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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Honduras

Proposed UNFPA assistance:	$12.7 million, $6 million from regular resources and $6.7 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.7	5.0	8.7
Population and development strategies	1.2	1.7	2.9
Advocacy	0.5	-	0.5
Programme coordination and assistance	0.6	-	0.6
Total	6.0	6.7	12.7

HONDURAS

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	55	≥60
Contraceptive prevalence rate (%)[2]	50	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	1.53	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	114.6	≤65
Infant mortality rate (per 1,000 live births)[5]	35	≤50
Maternal mortality ratio (per 100,000 live births)[6]	220	≤100
Adult female literacy rate (%)[7]	69	≥50
Secondary net enrolment ratio (%)[8]	111	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1977, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	6,575	Annual population growth rate (%)	2.30
Population in year 2015 (000)	8,703	Total fertility rate (/woman)	3.72
Sex ratio (/100 females)	101	Life expectancy at birth (years)	
Age distribution (%)		Males	63.2
Ages 0-14	41.8	Females	69.1
Youth (15-24)	20.8	Both sexes	65.8
Ages 60+	5.1	GNP per capita (U.S. dollars, 1998)	740

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of Honduras in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $12.7 million, of which $6 million would be programmed from UNFPA's regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $6.7 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be UNFPA's fifth programme of assistance to Honduras. Honduras is a "Category A" country under the Fund's resource allocation criteria.

2. The proposed country programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and is in line with national policies and priorities. It is based on a population assessment that both complemented and updated the information contained in the Common Country Assessment (CCA) that was conducted in 1999. Programme development, based on a series of consultative meetings with government counterparts and sectoral representatives, took place in tandem with the United Nations Development Assistance Framework (UNDAF) process that was completed in 2001. The programme would be harmonized with the programme cycles of the other United Nations Development Group (UNDG) member organizations. Civil society organizations, bilateral donors and United Nations partners, including UNICEF, the Pan American Health Organization of WHO (WHO/PAHO) and UNDP, have actively contributed to the development of the proposed programme. The objectives and strategies of the proposed programme are in accordance with UNFPA's multi-year funding framework.

3. Within the framework of the national poverty reduction strategy and the National Plan for Reconstruction and Transformation (PRMTN), the Government of Honduras is seeking to harmonize population dynamics with sustainable development; promote reproductive health, including family planning and sexual health; and promote gender equality and equity, including equal socio-economic opportunities and the prevention of gender-based violence. The overall goal of the proposed programme would be to contribute to these national efforts aimed at improving the quality of life of the Honduran people and reducing social vulnerability.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as with all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the United Nations General Assembly through its resolution 49/128.

Background

5. According to the World Bank classification, Honduras is a lower middle-income country: per capita gross national income was $760 in 1999. The country is also highly indebted. High levels of poverty are at the core of the country's social and economic development challenges. In 1999, an estimated 66 per cent of households had an income level below the poverty line, while extreme poverty affected 49 per cent of households. The devastation caused by Hurricane Mitch in October 1998 interrupted the modest development progress made during the 1990s. This was reflected in the increase in the proportion of poor households after the disaster: from 63.1 per cent in March 1998 to 65.9 per cent in March 1999. Households headed by women have an average income level 15 to 30 per cent lower than the average of male-headed households.

6. The population of Honduras is estimated at 6.4 million in 2001, growing at a rate of 2.8 per cent a year during the period 1995-2000, the highest population growth rate registered in the Americas. The country has a relatively young population: an estimated 43 per cent of the population is below 15 years of age. The 1996 epidemiological and family health survey showed that the total fertility rate has decreased moderately during the previous decade, from 5.6 children per woman during the period 1986-1987 to 4.9 during the period 1993-1995. The decline was greater in urban areas. The adolescent fertility rate is among the highest in the region, at 136 live births per 1,000 women aged 15-19.

7. In spite of important progress made in the context of the safe motherhood initiative, the maternal mortality ratio continues to be relatively high: 147 per 100,000 live births in 1997. The further reduction of maternal mortality is hindered by a lack of in-depth analysis of the deaths that occur, but it is thought that limited access to family planning information and services plays an important role as does the low quality of services available in hospitals.

8. According to 1996 data, a total of 41 per cent of women who are married or in consensual union use modern contraceptive methods and 9 per cent use traditional ones. While 66.9 per cent of the women who live in the two largest cities, Tegucigalpa and San Pedro Sula, use a contraceptive method, only 40 per cent of rural women do. The most widely used method is female sterilization, reported by 18 per cent of women in union. The unmet need for contraception remains high in that 72.8 per cent of women in union who used no contraception reported not wanting to have any more children.

9. Honduras accounts for more than half of the reported AIDS cases in Central America, and the main mode of transmission is sexual. According to UNAIDS estimates, the number of people living with HIV/AIDS in Honduras was 63,000 in 1999. While a decade ago, HIV/AIDS affected mainly men, incidence among women and youth is accelerating. Presently, two HIV infections in women are reported for every three in men. The increasing HIV prevalence in

women is in part a reflection of gender-based violence and of existing gender inequality since women often are not able to negotiate sexual decisions with their partners. The mobility of different groups of the population also plays a role in the spread of the epidemic. Taking into account the ages of those suffering from AIDS and the incubation period of the disease, the conclusion is that many acquired the infection during adolescence. A national AIDS law was enacted in 1999, and a second national strategic plan on HIV/AIDS is being prepared. Sexually transmitted infections (STIs) other than HIV/AIDS are also increasingly a concern, both in their own right and their role in facilitating HIV transmission.

10. Progress has been made in the area of gender equality during the last few years. The gender-related development index shows an increase from 0.585 to 0.623 within the last 10 years. The combined primary, secondary and tertiary gross enrolment ratio in education shows a slight advantage for women, and literacy is also slightly higher among women. Despite recently introduced legislation that stipulates a female quota in Congress of 30 per cent, currently only 9.4 per cent of the members of Congress are women. Although no reliable national statistics are available, during the last decade gender-based violence has become increasingly visible as a serious problem in Honduras. Recently, the country has made considerable legal and institutional progress in this area, but additional efforts are required to ensure that the new legal structures will be implemented at all levels.

11. Honduras is still predominantly a rural country, with 55 per cent of its population living in rural areas. More than half of poor households are rural. However, the accelerated urbanization rate, estimated at a 4.4 per cent per year, presents a great challenge to the country. Projections show that by 2030 the urban population is likely to rise from the present 45 per cent to 64 per cent of the total population. Given the social, economic and infrastructure deficits the cities have already accumulated, future governance, social stability and vulnerability to natural disasters will very much depend on the ability of the country to face this challenge in the coming years. International migration is another aspect of population dynamics that is reshaping the reality of the country: an estimated half a million Hondurans reside outside the country, most of them in the United States.

Previous UNFPA assistance

12. The partnership between UNFPA and the Government of Honduras commenced in 1978. The previous (fourth) country programme (1996-2001, including a two-year extension to achieve harmonization with the other agencies in the UNDG) had an approved total resource package of $8.9 million. During the period 1996-2001, total estimated expenditures were $8.6 million, of which $6.5 million were from regular UNFPA funds and the rest from external sources, mainly the United Nations Foundation and the Governments of Italy and the Netherlands.

13. The focus of the previous programme was to support the following: provision of quality reproductive health services (in particular those related to family planning); inclusion of population dynamics in national and municipal development plans; and implementation of effective advocacy efforts. In the area of reproductive health, UNFPA support included training of health workers (professional nurses, auxiliary nurses and physicians); development of training and educational materials; quality assurance in reproductive health service delivery; and provision of specialized services to adolescents according to a model based on community participation and training of health-care providers. An important achievement was the production of educational tools and participatory learning models for key audiences.

14. In the area of population and development strategies, activities focused on socio-demographic data collection and analysis at decentralized levels, contributing to the quality and relevance of municipal development plans. Support also has been provided for the creation of geographic information systems in three municipalities: San Pedro Sula, Santa Rosa de Copán and Comayagua. In cooperation with the National Autonomous University of Honduras, a Master's degree programme in social demography was initiated in September 2000. UNFPA also provided limited technical assistance for the 2001 census.

15. In the area of advocacy, activities focused on informing key audiences about reproductive health and gender equality as well as the importance of population dynamics and spatial distribution for development planning. In the face of considerable opposition, UNFPA promoted the establishment of a sufficiently supportive environment for the implementation of the ICPD Programme of Action and the Beijing Platform for Action, the national reproductive health policy, the law against domestic violence, the law on AIDS and the law on equal opportunities for women.

16. Lessons learned. The enactment of laws, decrees and policies in countries where there is political opposition is a complex task that requires not only technical support and policy dialogue but also concerted special advocacy efforts with the Government, parliamentarians, civil society and the international community. Once legislation is approved, such advocacy is instrumental in sustaining efforts to reach the goals envisioned by the new laws.

17. Results-based management and the logical framework approach are useful tools for improving country programme performance, management and accountability. Implementing these methodologies significantly strengthens country programme ownership by those involved in the process.

18. Population information systems at the municipal level receive stronger and more effective support from mayors and local authorities when they also provide a wider range of information in support of social and economic planning. Since such systems often cover areas

beyond UNFPA's mandate, their development and sustainability are better achieved when assistance is provided in the context of inter-agency cooperation.

19. The expansion of efforts to promote sexual and reproductive health is limited by difficulties associated with costs, sustainability and logistics. Associating these efforts with other development activities has proven to be a satisfactory strategy in terms of cost-effectiveness, sustainability and synergy and allows them to reach out to audiences that might otherwise be missed.

20. UNFPA's comparative advantage. As the lead agency promoting the implementation of the ICPD Programme of Action, UNFPA is well positioned to address a broad agenda of population issues in Honduras and to link them with the country's poverty reduction strategy. UNFPA has a proven ability to provide support in areas of particular concern for Honduras, such as adolescent sexual and reproductive health, maternal mortality, gender, and HIV/AIDS prevention. UNFPA can also offer the country its considerable experience in contraceptive procurement and logistics management and strengthen the national capacity to forecast contraceptive needs and to manage and monitor the distribution of supplies. UNFPA has proven its capacity to respond in emergency situations in those areas that fall under its mandate. As the only United Nations agency with a mandate in the area of population and development, UNFPA has a comparative advantage in promoting the collection and analysis of demographic data and their integration into development plans, both at the national and local levels. The neutrality of the United Nations system provides UNFPA with possibilities for negotiation and mediation with civil society organizations, the international community and government institutions on sensitive issues, as is the case with certain aspects of reproductive health in Honduras.

Other external assistance

21. The United States Agency for International Development (USAID) is the largest donor in the area of reproductive health in Honduras. It provides approximately $10 million a year under a six-year programme ending in 2005 to improve overall health conditions, including reproductive health. The focus is on prenatal and post-natal care and institutional delivery; reduction of maternal mortality in public health centres; family planning; and prevention of HIV/AIDS. Other bilateral donors in the area of reproductive health are Japan ($11.2 million for equipment and technical assistance), Sweden ($5.5 million for HIV/AIDS prevention and health sector reform), the European Union ($1.2 million for HIV/AIDS prevention and $6.6 million for adolescent reproductive health), Germany ($1.5 million for integrated women's health care) and Spain ($300,000 for maternal care and HIV/AIDS). Japan and Sweden support the population and housing census. The Inter-American Development Bank (IDB) supports territorial classification and urban planning. UNDP supports three projects related to gender equity. WHO/PAHO provides technical assistance to the Ministry of Health, the national university and

non-governmental organizations (NGOs) and finances two HIV prevention projects. UNICEF supports gender equity and women's rights.

Proposed programme

22. The overall goal of the proposed programme would be to contribute to national efforts aimed at improving the quality of life of the Honduran population and reducing social vulnerability by: (a) improving the reproductive health of women, men and adolescents; (b) promoting the consideration of population dynamics in the context of sustainable development; and (c) strengthening political and social support for laws, policies and plans that address priorities in the areas of population and development, sexual and reproductive health and gender equality. In line with the ICPD Programme of Action, gender is a cross-cutting theme throughout the proposed programme. Gender concerns, including the importance of gender-sensitive reproductive health services, male participation in reproductive health matters, women's rights, the prevention of gender-based violence, and the need for statistics that are disaggregated by sex as well as age, would be emphasized.

23. The proposed country programme would consist of three subprogrammes, in the areas of reproductive health, population and development strategies, and advocacy. These would include activities at the national level as well as activities by each of the subprogrammes in the same seven (of the total of 18) departments of the country that would target rural as well as marginal urban populations. Links between subprogrammes would be promoted, so that activities are mutually reinforcing and programme resources are used efficiently. The selection of departments and municipalities for inclusion in the proposed programme would be undertaken in consultation with the Government, on the basis of agreed criteria such as poverty, population density, social vulnerability and unmet sexual and reproductive health needs. Additional criteria would be complementarity and expected synergy with other activities supported by UNFPA or by other donors, as well as the existence of successful experiences and capacity built during the previous UNFPA programme.

24. Reproductive health. The reproductive health subprogramme aims to contribute to improvements in the sexual and reproductive health of both men and women, facilitating their equitable access to information and quality reproductive health services that are gender sensitive. It also emphasizes the sexual and reproductive health needs of adolescents, which include the prevention of pregnancy and STIs including HIV/AIDS. In the context of the UNDAF, cooperation will be sought with UNICEF and WHO/PAHO in the areas of health sector reform, maternal mortality reduction, adolescent health, prevention of STIs including HIV/AIDS, gender-related aspects of health and the prevention of gender-based violence.

25. The first output would be to ensure that public sector health service delivery points in three of the eight health regions of the country and in the major cities offer quality sexual and

reproductive health care to both men and women. Main strategies would be: (a) strengthening the capacity of the Ministry of Health to address reproductive health issues through health policy development and to work these issues into the overall health sector reform process; (b) institutional capacity building, to be achieved through training using participatory models and tools developed under the previous programme; (c) updating of reproductive health norms and guidelines and establishment of monitoring and evaluation systems; (d) implementation of quality assurance models in reproductive health-care delivery; and (e) improving the availability of sexual and reproductive health commodities.

26. The second output would be expanded availability and improved quality of sexual and reproductive health services by applying innovative service delivery and management models, implemented by the private sector in cooperation with the Ministry of Health. Co-financing funds have already been approved by the United Nations Foundation and the Department for International Development of the United Kingdom for pilot projects in the areas of social licensing for reproductive health and prevention and treatment of STIs.

27. The third output would be increased availability of reliable information and epidemiological analysis on maternal mortality. UNFPA support would complement activities supported by USAID, WHO/PAHO, UNICEF, the World Bank and the IDB, and focus on improving the epidemiological monitoring system on maternal mortality as well as providing support for applied research.

28. The fourth output would be increased knowledge among men and women in both rural and urban marginal areas regarding their sexual and reproductive health and rights, as well as gender issues. This knowledge would facilitate informed reproductive health decisions. Appropriate educational models developed under the previous programme, including components on gender equality, prevention of gender-based violence and responsible parenthood for rural and urban marginal audiences, would be used. One of the strategies would be the incorporation of reproductive health and rights components into existing development initiatives. Vulnerable groups, e.g., textile workers (mainly young, single women with little formal education) and mobile populations, would be particularly targeted.

29. The fifth output relates specifically to adolescents: 16 public sector health service delivery points in Tegucigalpa will offer quality sexual and reproductive health information and services to female and male adolescents. The service delivery model includes counselling, health education and promotion, family planning and prevention of STIs including HIV/AIDS. Upon mobilization of co-financing funds, this output can be broadened to include the country's other large city, San Pedro Sula.

30. The sixth output would be increased knowledge among adolescents in the catchment areas of the 16 health service delivery points on how to protect themselves and their partners,

particularly from unplanned pregnancy and STI , including HIV, infection. This output is key, given the high adolescent fertility and HIV infection rates in urban marginal areas. The strategy would include both formal and non-formal sectors and would use peer counselling and training of teachers and parents. If the projected co-financing can be mobilized, this output can be extended to include San Pedro Sula. A final output would be increased technical capacity of the Ministry of Education in the implementation of the sexuality education component of the HIV/AIDS law, in coordination with UNICEF and WHO/PAHO, among others.

31. Reproductive health commodity security. The Honduran Family Planning Association, the largest national NGO in the reproductive health sector, is the main provider of modern contraceptive methods, supplying 37 per cent of the current users. The Ministry of Health supplying an additional 27 per cent is next, followed by private pharmacies, private clinics and doctors and the Honduran Social Security Institute. The contraceptive logistics system in Honduras is not well developed, and the supply management capacity needs to be improved in order to ensure that all primary health-care facilities are able to provide the widest possible range of safe and effective family planning methods, including barrier methods. UNFPA would join USAID logistics management training efforts at both the central and decentralized levels. However, USAID will be gradually diminishing its contributions for contraceptives supplies, affecting the availability of reproductive health supplies, including condoms. UNFPA, in collaboration with other stakeholders, will support the Government in developing a contraceptive commodity security strategy that would ensure the availability of contraceptives in the future, coordinating the collaborative efforts of all partners. The Government has expressed an interest in allocating cost-sharing funds for procurement by UNFPA of contraceptive supplies destined for the public sector.

32. Population and development strategies. The population and development strategies subprogramme aims to contribute to increased effectiveness of interventions in the areas of sustainable development, poverty reduction and gender equality by incorporating the analysis of population dynamics into policies, plans and programmes at the national and local levels.

33. The first output would be the increased capacity of the National Institute of Statistics for collecting, analysing and disseminating socio-demographic information, disaggregated by sex and age, for use by decision makers in all sectors as well as NGOs and researchers. UNFPA would also provide technical support to the National Institute of Statistics for the analysis of the 2001 census data. The second output would be the increased ability of research and training institutes to undertake research and simulations in the area of population through the training of specialized personnel and building on the results of the previous programme. The third output would be the increased capacity of local governments (Tegucigalpa, San Pedro Sula, Comayagua and Santa Rosa de Copán) to analyse specific, updated census and other information disaggregated by sex and age that can be used in municipal development planning. UNFPA would coordinate with other donors involved in local capacity building, particularly USAID,

UNDP and UNICEF. The fourth output would be the availability of pertinent, policy-related and gender-sensitive studies in the area of population and development, through training, research, exchange programmes and cooperation between agencies and institutions. Of particular interest are studies and surveys on the linkages between population dynamics and spatial distribution on the one hand, and poverty and social and environmental vulnerability on the other.

34. Advocacy. The advocacy subprogramme aims to foster political and social support for the formulation and implementation of laws, policies and programmes in the areas of population and development strategies, sexual and reproductive health, and gender equality. UNFPA would seek strategic alliances, particularly with civil society organizations. The advocacy subprogramme would serve to gain support for and complement the activities of the other subprogrammes.

35. The first output would be increased social and political support for the follow-up, monitoring and evaluation of the country's progress towards reaching the goals of the ICPD Programme of Action and ICPD+5, as well as the Beijing Platform for Action, the Millennium Declaration and the Declaration of Commitment adopted at the United Nations General Assembly special session on HIV/AIDS. The second output would be a favourable social and political environment for legislation and the implementation of policies in the area of sexual and reproductive rights, particularly for national policies on sexual and reproductive health, the AIDS law and the national HIV/AIDS plan. The third output would be a favourable social and political environment for the use of socio-demographic data in public policies and development plans. The fourth output would be a favourable social and political environment for the incorporation of a human rights and gender equity approach in legislation and public policies.

Programme implementation, coordination, monitoring and evaluation

36. The proposed programme would primarily use the national execution modality. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The responsibility for overall monitoring and evaluation of the programme will rest with the UNFPA country office, in close cooperation with the executing and implementing institutions. A programme coordination committee, consisting of the main governmental coordinating body for development assistance, the Secretariat of Technical Cooperation (SETCO), the UNFPA Representative and the main government and non-governmental counterparts, would meet once a year to review and discuss progress in programme implementation and assess the extent to which the subprogramme and component projects are contributing to the achievements of the planned outputs. A midterm review will be carried out in early 2004, and a country programme evaluation will be conducted in the fourth quarter of 2005. The CCA for the next UNDAF will be initiated in 2005.

37. The multi-bilateral funds foreseen in the subprogrammes on sexual and reproductive health and on population and development strategies were estimated on the basis of discussions with interested donors. An amount of $1.2 million in co-financing has already been approved, and UNFPA is actively working to mobilize the remainder.

38. The UNFPA office in Tegucigalpa is composed of a Representative, an Assistant Representative and support staff. To ensure the transfer of technical and programme management knowledge to national counterparts, as well as efficient execution of the programme, a programme support team would be formed, consisting of national professional project personnel (NPPP) covering the areas of reproductive health, population and development strategies, and advocacy. An NPPP on HIV/AIDS will be funded from regional resources. The primary source of technical assistance would be a combination of national and international consultants, in addition to the UNFPA Country Technical Services Team in Mexico City. The proposed programme would include $600,000 from regular resources for programme coordination and assistance.

Recommendation

39. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Honduras, as presented above, in the amount of $12.7 million over the period 2002-2006, $6 million of which would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $6.7 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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